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MA Expert Panel On End of Life

Meeting #3, June 29, 2009

Workgroup Framework
Revised with Expert Panel input on June 8

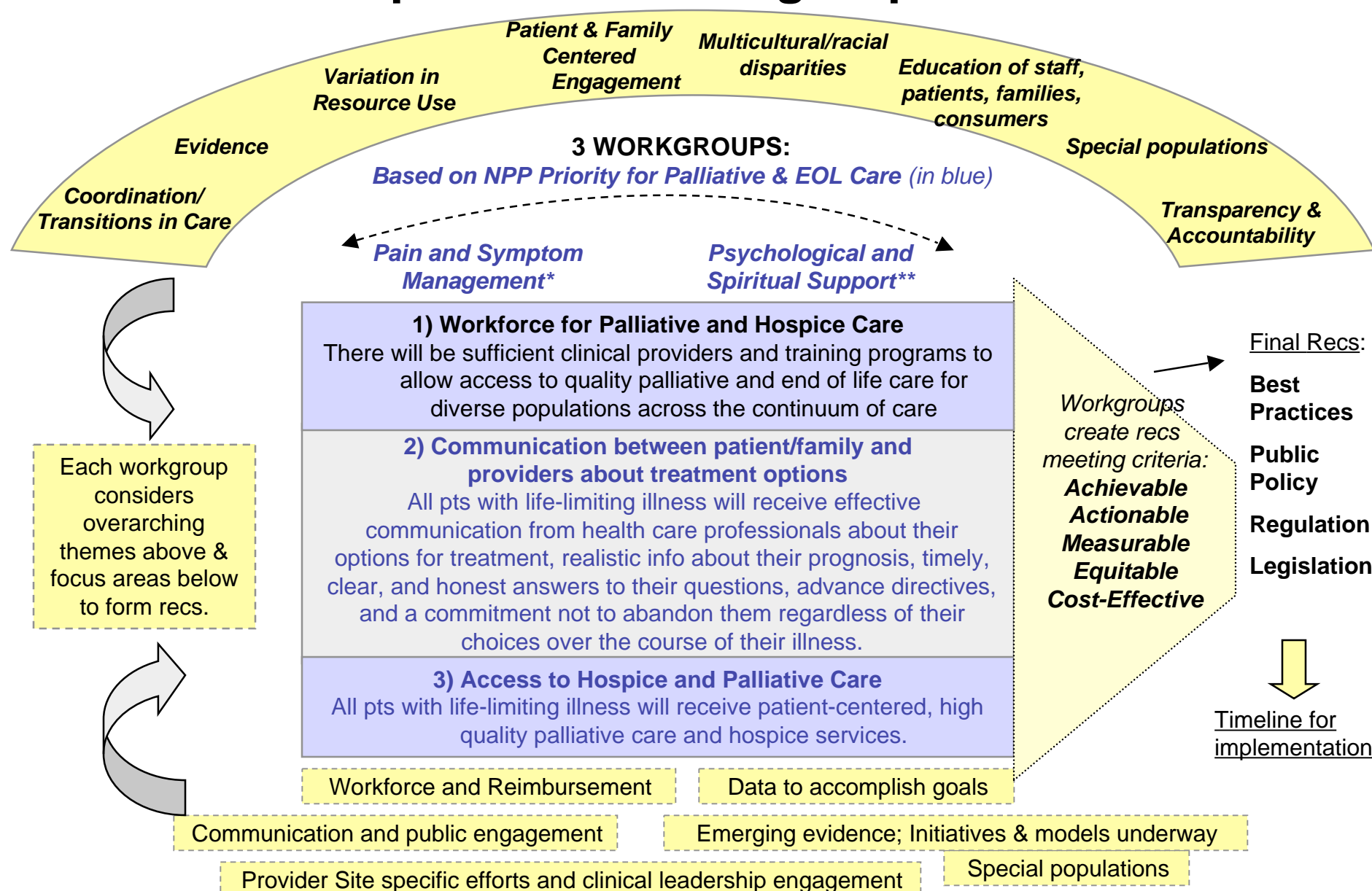
Vision of Palliative and End of Life Care

*The National Priorities Partnership (NPP)**

“We envision healthcare capable of promising dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends, and family can bring to bear at the end of life.”

*National Priorities Partnership (NPP) of the National Quality Forum (NQF)- “National Priorities and Goals: Aligning our Efforts to Transform America’s Healthcare”, November 2008

Expert Panel Workgroups *(Revised after 6-8.-9)*



*All patients with life-limiting illness will have access to effective treatment for relief of suffering from symptoms such as pain, shortness of breath, weight loss, weakness, nausea, serious bowel problems, delirium, and depression.

**All pts with life-limiting illness and their families will have access to help with psychological, social, and spiritual needs.

Suggested Analytic Framework for Workgroups

- *What do people in the Commonwealth want and need in this area?*
- *What is this area's current status in Massachusetts? (What do we know, or don't we know?)*
- *Are there documented "best practices" in this area (locally and nationally)?*
- *What has been tried (locally or nationally)? What has/hasn't worked?*
- *What are the main barriers to good practice/improvement?*
- *How can each of those barriers be overcome?*
- *What kind(s) of data exist or could exist to demonstrate quality in this area?*
- *What kind(s) of accountability for quality are possible that would drive/ensure improvement?*
- *What resources would be needed? What are possible sources?*

6-Month End Product: Workgroup Recommendations

- Each workgroup will present up to 3 top-priority recommendations before October 1, 2009.
- Recommendations can involve regulations, legislation, public policy, or other initiatives that will have clear practical effects.
- Each recommendation should meet 5 criteria:
 - ✓ Actionable
 - ✓ Achievable
 - ✓ Evidence-based (doesn't have to be an RCT)
 - ✓ Measureable
 - ✓ Affordable/Cost-Conscious
- Each recommendation should address the 6 aims for improvement in the Institute of Medicine's report, "Crossing the Quality Chasm", that *health care should be*:
 - Safe, effective, patient-centered, timely, efficient, and equitable.

Suggested workgroup plan for *today*...

(flip charts provided)

- **Review** public policy and guidelines/tool lists for possibilities and to narrow down areas of interest.
- **Brainstorm** other possibilities and add to list.
- **Discuss** full list of brainstormed ideas using questions (on slide 4 and handout).
- **Determine** the 5-6 areas of greatest interest that meet the 5 criteria (on slide 5 and handout).
- **Consider** assignments for further specifying the area of interest/corresponding research.
- **Create** a schedule or workgroup conf call/meetings before September 9 Expert Panel meeting (#4).

Possible venues for implementing recommendations...

Action Referral Area		Action Item	Clinical Outcomes	Financial Outcomes
State	Legislation			
	Regulation -new or revision			
	Public Reporting			
	Licensure			
	Payment Reform			
	Cost Containment Roadmap			
	Professional Board			
	Funding			
Federal				
Health Care Orgs	Practices			
	Interventions			
	Education			
Integrated into State Efforts	STAAR			
	Payment Reform			
	Cost Containment Roadmap			
	Aligning Forces			
	MOLST			
	Care Transitions			
Media				